OCC Enrollment Technology Installation
Screening Tool

Date:_____   Program/project:_____

Facility:_____

Eligible for Office Enrollment: *(check all that apply)*

_____ Travel time to residence one hour or more one-way
_____ Comfortable with technology as demonstrated by education session
_____ Demonstrates understanding of technology installation
_____ Unavailable during business hours for home visit due to employment
_____ No functional limitations related to installation
_____ No cognitive limitation related to installation (able to read)
_____ Caregiver available and able to install equipment
_____ Patient or caregiver declines home visit
_____ Using own personal computer equipment
_____ Not using any VA durable medical equipment that needs to be installed
_____ Patient reports no electrical or phone connectivity issues

Ineligible for Office Enrollment: *(check all that apply)*

_____ Difficulty understanding technology as demonstrated by education session
_____ Functional limitations related to installation (arthritis, blindness, paraplegic etc)
_____ Cognitive limitations related to installation (unable to read, dementia, etc)
_____ Cognitive impairment without a caregiver
_____ Lives alone (by itself not a qualifier, in tandem with other qualifiers)
_____ Caregiver unavailable and unable to install equipment
_____ Audio-video technology of any kind
_____ Patient reports electrical and/or phone connectivity issues

Check all that apply:

_____Office enrollment
_____Phone call recommended within 1 day of enrollment
_____Phone call recommended within 7 days of enrollment
_____Phone call recommended within 14 days of enrollment
_____Home visit recommended within 30 days of enrollment
_____Home visit recommended within 60 days of enrollment
_____Home visit recommended within 90 days of enrollment
_____Home enrollment

Reviewer name/title:_____